

Letters to the Editor

HBV vaccination coverage among health-care workers

De Schryver *et al.*¹ were rightly concerned by the HBV vaccination coverage among health-care workers (HCWs) in 11 countries of the European Union where it is mandatory. France is among those where no data are available and some information about a very specific situation must be disclosed.

On 3 November 2010, the members of parliament voted a €100 000 individual compensation to 20 firefighters for adverse effects (multiple sclerosis) due to hepatitis B vaccination (mandatory too because they actively participate to emergency care).

This is sadly in the line of a major pre-publication release campaign of a research conducted with funding from several major national bodies (including AFSSAPS, the French FDA) which stated in 2008 that 'Engerix B vaccine appears to increase the risk of CNS inflammatory demyelination in childhood'.²

Accordingly, 30 years after Philippe Maupas' publication in the *Lancet* of the first clinical trial of vaccination

against hepatitis B in humans, performed at Tours (France), in 2006, in France, the percentage of 1-year-olds immunized with three doses of hepatitis B was 29% (vs. 86% in Germany, a comparable country), lower than in most of the very poor countries in the world.^{2,3}

The Institut National de Veille Sanitaire (INVS, the French Center for Diseases Control) has recently (July 2010) reported a slight increase in the percentage of 1-year-olds who are immunized (BEH, 27 July 2010, p. 330). However, the population was selected for its compliance to follow-up consultations and those who only got one shot of the vaccine were considered to be fully immunized.

Meanwhile, the National Cancer Institute refuses to present data on the evolution of hepatocellular cancer mortality stating that the data have a too low quality.⁴

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Influenza surveillance in Europe

In the viewpoint entitled 'Potential for greater coherence in EUROPEAN influenza surveillance' and published in your last edition, *EJPH* 2010, 20(5):488–9, Johnson H *et al.* analysed the publically available data on influenza surveillance reported in the European Influenza Surveillance Network (EISN, formerly European Influenza Surveillance Scheme (EISS)) managed by the European Centre for Disease Prevention and Control (ECDC) and in the EuroFlu managed by WHO – Europe. The former agency reports data from 27 European Union (EU) countries and two European Economic Area (EEA) countries, and the latter collects data from 53 countries from the WHO European

Region (that include the former countries). During the period 2009–10, the authors correctly observed that 7% of the data from the countries reporting in both bulletins were contradictory. The authors suggested some hypotheses to explain these discrepancies, from different data uploaded to different national contact points for reporting in some countries. Both ECDC and WHO – EURO have been aware of such differences. While small, they are being addressed in our ongoing coordination for quality assurance. An important improvement that should lead to a decreased number of these discrepancies is the new reporting technical solution introduced by European Centre for Disease Prevention and Control (EDCD) and WHO – Europe. As of January 2010 the reporting for the 29 EU/EEA countries is now synchronized

and uses a single data entry point for both platforms. In addition, as a further step towards coordinated surveillance of influenza at the European level, in May 2011, ECDC and WHO – Europe will for the first time organize a joint annual meeting of their influenza surveillance network members where the influenza surveillance activities, including the validity and quality of the data and the analyses will be discussed. Beginning with the 2010–11 influenza season WHO – EURO and ECDC are now jointly reviewing weekly bulletins from both agencies, and we are writing joint guidance on human influenza surveillance. Taken together, these activities should improve the quality of the influenza data in Europe in the future.

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